Senate

General Assembly **File No. 248**

January Session, 2017 Substitute Senate Bill No. 883

Senate, March 27, 2017

The Committee on Insurance and Real Estate reported through SEN. LARSON of the 3rd Dist. and SEN. KELLY of the 21st Dist., Chairpersons of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT REDEFINING MAMMOGRAM AND LIMITING COST-SHARING FOR MAMMOGRAMS, BREAST ULTRASOUNDS AND MAGNETIC RESONANCE IMAGING OF BREASTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 38a-503 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2018*):

(a) For purposes of this section:

(1) "Healthcare Common Procedure Coding System" or "HCPCS" means the billing codes used by Medicare and overseen by the federal Centers for Medicare and Medicaid Services that are based on the current procedural technology codes developed by the American Medical Association; and

(2) "Mammogram" means mammographic examination or breast tomosynthesis including, but not limited to, a procedure with a HCPCS code of 77051, 77052, 77055, 77056, 77057, 77063, G0202, G0204,

G0206 or G0279, or any subsequent corresponding code.

[(a)**]** (b) (1) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide benefits for **[**mammographic examinations**]** mammograms to any woman covered under the policy that are at least equal to the following minimum requirements: (A) A baseline mammogram, which may be provided by breast tomosynthesis at the option of the woman covered under the policy, for any woman who is thirty-five to thirty-nine years of age, inclusive; and (B) a mammogram, which may be provided by breast tomosynthesis at the option of the woman covered under the policy, every year for any woman who is forty years of age or older.

(2) Such policy shall provide additional benefits for:

(A) Comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's physician or advanced practice registered nurse; and

(B) Magnetic resonance imaging of an entire breast or breasts in accordance with guidelines established by the American Cancer Society.

[(b)**]** (c) Benefits under this section shall be subject to any policy provisions that apply to other services covered by such policy, except that no such policy shall impose: **[**a**]** (1) A copayment that exceeds **[**a maximum of**]** twenty dollars for an ultrasound screening under subparagraph (A) of subdivision (2) of subsection **[**(a)**]** (b) of this section; (2) a copayment that exceeds twenty dollars for magnetic resonance imaging under subparagraph (B) of subdivision (2) of

subsection (b) of this section; or (3) any coinsurance, copayment, deductible or other out-of-pocket expense for a mammogram under subdivision (1) of subsection (b) of this section.

[(c)**]** (d) Each mammography report provided to a patient shall include information about breast density, based on the Breast Imaging Reporting and Data System established by the American College of Radiology. Where applicable, such report shall include the following notice: "If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician's office and you should contact your physician if you have any questions or concerns about this report.".

Sec. 2. Section 38a-530 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2018*):

(a) For purposes of this section:

(1) "Healthcare Common Procedure Coding System" or "HCPCS" means the billing codes used by Medicare and overseen by the federal Centers for Medicare and Medicaid Services that are based on the current procedural technology codes developed by the American Medical Association; and

(2) "Mammogram" means mammographic examination or breast tomosynthesis including, but not limited to, a procedure with a HCPCS code of 77051, 77052, 77055, 77056, 77057, 77063, G0202, G0204, G0206 or G0279, or any subsequent corresponding code.

[(a)**]** (b) (1) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide benefits for **[**mammographic examinations**]**

mammograms to any woman covered under the policy that are at least equal to the following minimum requirements: (A) A baseline mammogram, which may be provided by breast tomosynthesis at the option of the woman covered under the policy, for any woman who is thirty-five to thirty-nine years of age, inclusive; and (B) a mammogram, which may be provided by breast tomosynthesis at the option of the woman covered under the policy, every year for any woman who is forty years of age or older.

(2) Such policy shall provide additional benefits for:

(A) Comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's physician or advanced practice registered nurse; and

(B) Magnetic resonance imaging of an entire breast or breasts in accordance with guidelines established by the American Cancer Society.

[(b)**]** (c) Benefits under this section shall be subject to any policy provisions that apply to other services covered by such policy, except that no such policy shall impose: **[**a**]** (1) A copayment that exceeds **[**a maximum of**]** twenty dollars for an ultrasound screening under subparagraph (A) of subdivision (2) of subsection **[**(a)**]** (b) of this section; (2) a copayment that exceeds twenty dollars for magnetic resonance imaging under subparagraph (B) of subdivision (2) of subsection (b) of this section; or (3) any coinsurance, copayment, deductible or other out-of-pocket expense for a mammogram under subdivision (1) of subsection (b) of this section.

[(c)**]** (d) Each mammography report provided to a patient shall include information about breast density, based on the Breast Imaging

Reporting and Data System established by the American College of Radiology. Where applicable, such report shall include the following notice: "If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician's office and you should contact your physician if you have any questions or concerns about this report.".

This act shall take effect as follows and shall amend the following sections:		
Section 1	*January 1, 2018*	38a-503
Sec. 2	*January 1, 2018*	38a-530

INS *Joint Favorable Subst.*

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 18 $	FY 19 $
State Comptroller – Fringe Benefits (State Employee and Retiree Health Accounts)	GF&TF - Potential Cost	Less than 25,000	Less than 25,000

Note: GF&TF=General Fund & Transportation Fund; GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 18 $	FY 19 $
Various Municipalities	STATE MANDATE - Potential Cost	See Below	See Below

Explanation

There may be a cost to the state employee and retiree health plan[1] of less than $25,000 annually from capping copayments for breast MRI's at $20 and eliminating cost sharing for mammograms, including tomosynthesis.[2] The potential cost is attributable to out-of-network examinations and services for members enrolled in the state Point of Service (POS) plans[3] and those not currently enrolled in the Health

[1] The state employee and retiree health plan is a self-insured health plan. Pursuant to federal law, self-insured health plans are exempt from state health mandates. However, the state has traditionally adopted all state health mandates.

[2] Approximately 32% of active state employees are enrolled in a POS plan and 29% of plan members are females in the appropriate age cohort for breast screening procedures covered by the bill.

[3] Members enrolled in a POS plan are required to pay 20% of allowable costs after satisfying the plan deductible and 100% of costs charged by the provider in excess of the allowable cost.

Enhancement Program (HEP).[4] The state plan does not currently impose a copayment or other cost sharing for in-network examinations (including MRIs and mammograms) for members in HEP. The vast majority of members use in-network services and are enrolled in HEP.

The bill's capping copayments for breast MRI's at $20 and eliminating cost sharing for mammograms, including tomosynthesis may increase costs for certain fully insured municipalities which require member cost sharing. The coverage requirements may result in increased premium costs for the municipality when they enter into new health insurance contracts after January 1, 2018. Due to federal law, municipalities with self-insured plans are exempt from state health insurance mandates. Lastly, many municipal plans may be recognized as "grandfathered"[5] plans under the federal Affordable Care Act (ACA). It is uncertain what the effect of this mandate will have on the grandfathered status of those municipal plans.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future based on the utilization of services by members.

Source *Office of the State Comptroller State Health Plan, Plan Benefit Document as of September 2016*

[4] Members not enrolled in the HEP plan must satisfy the plan's deductible for services where there is no cost sharing.

[5] Grandfathered plans include most group health insurance plans and some individual plans created or purchased on or before March 23, 2010.

OLR Bill Analysis

sSB 883

AN ACT REDEFINING MAMMOGRAM AND LIMITING COST-SHARING FOR MAMMOGRAMS, BREAST ULTRASOUNDS AND MAGNETIC RESONANCE IMAGING OF BREASTS.

SUMMARY

For certain health insurance policies, this bill (1) eliminates copayments, coinsurances, deductibles, and other out-of-pocket costs for mammograms (including tomosynthesis); (2) limits to $20 the copayment for a breast magnetic resonance imaging (MRI);, and (3) expands the requirement to cover mammograms by defining "mammogram" to include 10 specific procedures, including tomosynthesis. (The federal Affordable Care Act prohibits most health insurance policies from imposing copays or deductibles for mammograms conducted in accordance with national guidelines.)

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. It also applies to individual policies providing limited health benefits. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans. (The bill does not exempt high-deductible health plans designed to be compatible with federally qualified health savings accounts. Eliminating deductibles may jeopardize the federal status of such plans.)

EFFECTIVE DATE: January 1, 2018

MAMMOGRAM DEFINITION

The bill defines "mammogram" to include 10 Healthcare Common Procedure Coding System (HCPCS) codes and any subsequent corresponding codes, as shown in Table 1. HCPCS is a set of billing codes used by Medicare and overseen by the federal Centers for Medicare and Medicaid Services. They are based on current procedural technology codes developed by the American Medical Association.

Table 1: HCPCS Codes for Mammograms

Code	Description
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography
77052	Computer-aided detection with further review for interpretation, with or without digitization of film radiographic images; screening mammography
77055	Mammography; unilateral (one breast)
77056	Mammography; bilateral (both breasts)
77057	Screening mammography, bilateral (2-view study of each breast)
77063	Screening digital breast tomosynthesis, bilateral
G0202	Screening mammography, producing direct digital image, bilateral, all views
G0204	Diagnostic mammography, including computer-aided detection when performed; bilateral
G0206	Diagnostic mammography, including computer-aided detection when performed; unilateral
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral

BACKGROUND

Related Bill

sSB 810, reported favorably by the Insurance and Real Estate Committee to the Appropriations Committee, eliminates copayments, coinsurances, deductibles, and other out-of-pocket costs for mammograms (including tomosynthesis), ultrasounds, and magnetic resonance imaging for women under certain health insurance policies and makes similar changes to the definition of "mammogram."

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute
Yea 20 Nay 0 (03/07/2017)